

# Equality & Poverty Impact Assessment 00780 (Version 1)

## SECTION ONE: ESSENTIAL INFORMATION

<b>Service &amp; Division:</b>	Social Work Adult Services Community Care	<b>Lead Officer Name:</b>	David Keenan
		<b>Team:</b>	Performance
		<b>Tel:</b>	01324501
		<b>Email:</b>	David.Keenan@falkirk.gov.uk
<b>Proposal:</b>	This EPIA is submitted on behalf of Louise McCallum:  Annual Reviews for Adults with Learning Disabilities - Delivery model proposal – Forth Valley	<b>Reference No:</b>	

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	Yes	No	No	Yes

Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	Yes	Yes	Yes

**Other, please specify:**

### Identify the main aims and projected outcome of this proposal (please add date of each update):

14/06/2024	To implement a local delivery model in support of the Scottish Government Directions offering an Annual Health Check to all Forth Valley patients of 16 years and above, diagnosed or self-diagnosed as having a learning disability. This proposal aims to address health inequalities by inviting patients in scope to attend a full health check with a view to health improvement and intervention that may improve life expectancy and outcomes for this group of patients. The project will also support the identification of patients under the age of 16 who will be eligible for invitation for a health check from 16 years.

## SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	Approx. £12,000 pa under pilot.	
Reduction to this service budget (£'0000s)	Per Annum:	£0	
Increase to this service budget (£'000s)	Per Annum:	£109,250	Annual recurring allocation - Scottish Government.
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

**SECTION THREE: EVIDENCE** Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

**A - Quantitative Evidence** This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

We estimate the current population of Adults with Learning Disabilities to be approximately 1300 based on indicators from GP registers. People with learning/intellectual disabilities have some of the poorest health of any group in Scotland and die on average twenty years earlier than the rest of the population. Evidence published by the Scottish Learning Disabilities Observatory suggests that adults with learning disabilities are twice as likely to die from preventable illnesses. All adults with LD will be invited to attend a health check and within this cohort, there will be those with other protected characteristics as well. NHS England Learning from Lives and Deaths People with a Learning Disability 2021 showed the likelihood of dying aged 18-49 was 1.5 times greater for those with a learning disability who had not had an annual health check in the previous year.

**B - Qualitative Evidence** This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

**Social - case studies; personal / group feedback / other**

People with learning/intellectual disabilities are twice as likely to become infected with Covid 19, twice as likely to have a severe Covid 19 infection and are 3 times greater risk of death due to Covid 19. Scotland is the only country in the UK currently not offering routine health checks to people with LD. Randomised controlled trials, evidenced health checks to be clinically effective in detecting unmet clinical conditions, and in improving the management of long-term conditions - a preventative pathway towards better health.

Sustaining the commitment – report by UK Modernising LD nursing indicates this approach promotes collaboration with Public Health on uptake of national screening programmes, vaccinations, early identification and prevention. Patient and carer evaluation shows they value the health checks and the enhanced access to care support.

**Best Judgement:**

<b>Has best judgement been used in place of data/research/evidence?</b>	No
<b>Who provided the best judgement and what was this based on?</b>	
<b>What gaps in data / information were identified?</b>	Limited information on protected categories such as religion, sexual orientation, community justice and transgender within the Learning Disabilities community.
<b>Is further research necessary?</b>	Yes
<b>If NO, please state why.</b>	

**SECTION FOUR: ENGAGEMENT**

Engagement with individuals or organisations affected by the policy or proposal must take place

<b>Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?</b>	Yes	
<b>If YES, please state who was engagement with.</b>	Yes - engagement has been undertaken with service users via a feedback survey document offered to all patients attending a health check to date. Return rates are low which may be expected given the nature of the cohort however feedback indicates patients are very positive about the annual health check process, invitations to attend and supporting information and the additional clinical time they are able to access.  Approximately 136 patients have been asked to complete the evaluation who are registered at the following GP Practices across Forth Valley; Alva, Dollar, Doune, Tryst (Stenhousemuir & Larbert) and Parkhill (Polmont). 20 responses received to date.	
<b>If NO engagement has been conducted, please state why.</b>		
<b>How was the engagement carried out?</b>	<b>What were the results from the engagement? Please list...</b>	
<b>Focus Group</b>	No	
<b>Survey</b>	Yes	85% felt the invitation explained things well and they understood the information. 95% felt listened too during the health check and 75% were clear on next steps following the health check
<b>Display / Exhibitions</b>	No	
<b>User Panels</b>	No	
<b>Public Event</b>	No	
<b>Other: please specify</b>	Collaboration with LD nursing team in respect of their caseload patients and clinical expertise.	
<b>Has the proposal / policy/ project been reviewed / changed as a result of the engagement?</b>	Yes	
<b>Have the results of the engagement been fed back to the consultees?</b>	Yes	
<b>Is further engagement recommended?</b>	Yes	

## SECTION FIVE: ASSESSING THE IMPACT

**Equality Protected Characteristics:** What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
<b>Age</b>		✓		<p>Older people in general require more healthcare and Scotland has an aging population. Higher prevalence of disease and polypharmacy treatment requires greater healthcare input through monitoring to enable people to live longer and well and life expectancy is known to be lower within the learning disability community. Those who are older are more likely to have multi-morbidities and health needs that require greater support from Primary Care and those with a Learning Disability will be more disadvantaged. For those who are elderly and may be housebound, health checks will be made available through home visits when required. The implementation of the Annual Health checks will enable this group to access increase levels of support to improve health outcomes.</p> <p>Uptake of the reviews will be voluntary for patients hence for some there will be a neutral impact should they choose not to engage.</p>

**Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:**

				<p>1300 patients of 16 years and over. Those under 16 will be invited when they reach the qualifying age. The impact of this work on patients with the protected characteristic will be positive providing annual access to a review and follow up action ( if required) which will enable both immediate health needs to be identified and treated as well as enhancing preventative measures such as awareness and access to national screening programme, sexual health and contraception.</p> <p>39% of people with a mild learning disability died an avoidable death          32% of people with a moderate learning disability died an avoidable death          26% of people with a severe learning disability died an avoidable death          3% of people with profound and multiple learning disabilities died an avoidable death</p> <p>Implementation of the health checks will seek to address these outcomes.</p> <p>Uptake of the reviews will be voluntary for patients hence for some there will be a neutral impact should they choose not to engage.</p>
<b>Sex</b>		✓		<p>On average women with a learning disability die 23 years younger than those in the general population. On average men with a learning disability die 20 years younger than those in the general population (LeDeR, 2023; ONS, 2022)</p> <p>Gender specific screen programs such as cervical screening have poorer uptake rates among the LD population and therefore risks of conditions going undiagnosed such as breast or cervical cancer for females and bowel cancer for either gender may be higher.</p> <p>Indications are males in the population in general are less likely to engage with the healthcare system and this group is particularly disadvantaged in addition to higher likelihood of conditions such as epilepsy, obesity and diabetes. The provision of the health checks will seek to address these inequalities.</p> <p>Uptake of the reviews will be voluntary for patients hence for some there will be a neutral impact should they choose not to engage.</p>

<b>Ethnicity</b>		✓	<p>The Race Equality Foundation data shows People with a learning disability from Black, South Asian (Indian, Pakistani or Bangladeshi heritage) and minority ethnic backgrounds face shorter life expectancy triggered by poorer healthcare access, experience and outcomes. The average age of death for people with a learning disability who are from an ethnic minority is 34 years, just over half the life expectancy of white counterparts, at 62 years of age. Annual health checks should positively impact on this statistic.</p> <p>It is recognized that additional dialogue/information may be required on the Health check service model for ethnic minorities and how it relates to their care needs. For those that may have English as a second language this additional information may be more difficult to interpret. Information is made available to patients in a range of formats/methods to suit patient requirements eg. Website, social media or verbally via telephone or in person. Translation and interpreter facilities are available. Insufficient data on ethnicity as a sub category of those with a Learning Disability is available at the present time due to difficulties extracting this data from GP clinical systems.</p>
<b>Religion / Belief / non-Belief</b>	✓		<p>There is insufficient information on the number of patients affected to enable a full assessment to be carried out.</p> <p>Health checks will be made available to all those with a Learning disability regardless of religious belief or non-belief however.</p> <p>Uptake of the reviews will be voluntary for patients hence for some there will be a neutral impact should they choose not to engage.</p>
<b>Sexual Orientation</b>	✓		<p>There is insufficient information on this cohort to make a full assessment however annual health checks will be made available to all those with a Learning disability regardless of sexual orientation.</p> <p>Uptake of the reviews will be voluntary for patients hence for some there will be a neutral impact should they choose not to engage.</p>

<b>Transgender</b>	✓			<p>There is insufficient information on this cohort to make a full assessment however annual health checks will be made available to all those with a Learning disability regardless of gender status including those who may be undergoing transgender treatment.</p> <p>Uptake of the reviews will be voluntary for patients hence for some there will be a neutral impact should they choose not to engage</p>
<b>Pregnancy / Maternity</b>	✓			<p>There is insufficient information on this cohort to make a full assessment however annual health checks will be made available to all those with a Learning disability including pregnant women with care supported by midwifery teams for matters specifically relating to pregnancy/maternity that may be beyond the scope of the health check.</p> <p>Uptake of the reviews will be voluntary for patients hence for some there will be a neutral impact should they choose not to engage.</p>
<b>Marriage / Civil Partnership</b>	✓			<p>There is insufficient information on this cohort to make a full assessment however annual health checks will be made available to all those with a Learning disability. Uptake of the reviews will be voluntary for patients hence for some there will be a neutral impact should they choose not to engage.</p>
<b>Poverty</b>		✓		<p>Information on how many patients with Learning Disabilities are in poverty in Forth Valley is limited although within the Board there are areas of deprivation under SMID. Disability Rights UK data shows nearly half of those in poverty has a disability or lives with a person with a disability. They may be faced with a lack of equal opportunities for healthcare, housing, education, employment and social pursuits. They are also likely to be at higher risk of the potential health risks and consequences of cold weather and fuel poverty than the general population. Annual health checks will take some of these factors into account and signposting/referral to other services including social work, DWP and the third sector will be available. GP Practice allocations for Welfare Benefits Advisors and Community Link workers who support this cohort are not affected by this service change so patient in this cohort will continue to have access to these supports in addition to the Health checks.</p>
<b>Care Experienced</b>	✓			<p>There is insufficient evidence to assess this impact.</p>



<b>Other, health, community justice, carers etc.</b>	✓			There is insufficient information on this cohort to make a full assessment however annual health checks will be made available to all those with a Learning disability.
<b>Risk (Identify other risks associated with this change)</b>				
		<b>Evidence of Due Regard</b>		
<b>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</b>	Adherence to relevant clauses in the GP code of conduct and General Medical Services contract in respect of patient care.			
<b>Advance Equality of Opportunity:</b>	NHS FV Equality and Inclusion Strategy underpins the work detailed in this EPIA.			
<b>Foster Good Relations (promoting understanding and reducing prejudice):</b>	All patients will have access to a standardized annual health check including those with Protected characteristics. By promoting this dedicated service with enhanced access to clinical time.			

## SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
<b>Business</b>	Yes	Health improvement among employed patients in the cohort or those seeking employment. Reduced health inequalities and holistic support including welfare benefits advice may increase economic stability for individual patients.
<b>Councils</b>	Yes	Health improvement among local residents in this patient cohort will benefit local communities and may reduce requirements for social care for individuals in the cohort.
<b>Education Sector</b>	No	
<b>Fire</b>	No	
<b>NHS</b>	Yes	NHS will be responsible for service delivery of the proposal and will require a delivery and workforce plan. Staff will require training and support to deliver the check and premises/consultation space will be needed. Health improvement among the cohort may reduce a burden on healthcare services in time however there will need to be investment of time initially with the potential for certain services to receive additional referrals, higher prescribing or other clinical interventions as the needs of the cohort are met.
<b>Integration Joint Board</b>	Yes	Health improvement among patients in the cohort. Reduced health inequalities and holistic support will benefit local communities.
<b>Police</b>	No	
<b>Third Sector</b>	Yes	Health improvement in this patient cohort will benefit local communities which make result in an increase in volunteering and participation in third sector activities and may reduce requirements for support from third sector inputs.
<b>Other(s): please list and describe the nature of the relationship / impact.</b>	Unpaid carers – benefit of increased healthcare support for patients will positively impact on those supported by unpaid carers.	

## SECTION SEVEN: ACTION PLANNING

**Mitigating Actions:** If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

### No Mitigating Actions

**Please explain why you do not need to take any action to mitigate or support the impact of your proposals.**

No negative impacts have been identified therefore no mitigating actions are required.

**Are actions being reported to Members?**

Yes

**If yes when and how ?**

Via update reports to the HSCP Senior Leadership Team.

**SECTION EIGHT: ASSESSMENT OUTCOME**

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	Yes	The EPIA has identified only positive or neutral impacts. The proposal does not require to be adjusted.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

**SECTION NINE: LEAD OFFICER SIGN OFF**

Lead Officer:

Signature:	<i>David Keenan</i>	Date:	10/06/2024
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**SECTION TEN: EPIA TASK GROUP ONLY**

<b>OVERALL ASSESSMENT OF EPIA:</b>	<b>Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?</b>	Yes
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<b>ASSESSMENT FINDINGS</b>	Surveys have been carried out along with data from NHS England.	
<b>If YES, use this box to highlight evidence in support of the assessment of the EPIA</b>		
<b>If NO, use this box to highlight actions needed to improve the EPIA</b>		

<b>Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u>?</b>	Yes	If YES, please describe: Only positive and neutral impacts were identified.
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**LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA**

LEVEL		COMMENTS
HIGH	Yes / No	
MEDIUM	Yes	Really positive impacts on the user groups identified in this EPIA however proportionately only affects a smaller group in the local area.
LOW	Yes / No	

**SECTION ELEVEN: CHIEF OFFICER SIGN OFF**

<b>Director / Head of Service:</b>		
<b>Signature:</b>	<i>Gail Woodcock</i>	<b>Date:</b> 12/06/2024